

David Prucha, LPC

Authorization for Disclosure of Protected Health Information & Request for Confidential Communication

I, _____, born _____ herby authorize

Therapist Name: David Prucha MA, LPC

Location 1: 9224 Teddy Lane Suite 103 Lone Tree, CO 80124

Location 2: 482 W. Happy Canyon Road Castle Pines, CO 80108

Phone: 303-241-0421

AND _____

Name of Agency/Person

Address

_____ Contact Person

_____ Phone

_____ Email/Other Information

To release the following information (check all that apply):

- Summary of Progress
- Evaluation/Assessment
- Attendance/Participation Plan
- Billing Information/Service Plan
- Termination Summary
- Other (records sent via email).

For the purpose of:

- Treatment (Internal & External)
- Operations (Administrative)
- Payment (Reimbursement)
- Other

For the periods of treatment:

- All Treatment Episodes
- Current Treatment Episodes
- Specific Treatment Episode: Begin Date: _____ End Date: _____

If the purpose of the disclosure is marked "Other" whether or not Treatment, Payment or Operations are checked, then this is HIPAA Compliant Authorization and Therapist: David Prucha MA, LPC

must provide me a copy. I understand that my records or those of the individual listed above are protected under state and federal Mental Health confidentially regulation including 42 CFR part @. Information cannot be disclosed with out my written consent, unless otherwise specifically provided for in the regulations. I understand and agree that this release from may be send to the agencies and persons identified above. Copies of this form may be used in lieu of the original. I understand there is potential for information disclosed as a result of this release/authorization to be re-disclose by the recipient and therefore no longer protected by the HIPAA Privacy regulations. I understand that I my revoke this consent at any time except to the extent that action has been taken based upon it. This consent expires and cannot be used past eh indicated date or event. Expiration Date:

_____ Not more than one year from today's date.

X _____

Client(s) or Legal Guardian's Signature (If client is a minor)

Today's Date